



## 2009 YOUTH FOOTBALL CAMP

*(revised 5/28/09)*

July 27, 28, 29, 30  
10:30am – Noon

Cost: \$50  
Grades 3-8

This is a non contact camp to teach the fundamentals of Titan football and have fun. Campers will be grouped by age and ability level.

Detach and return the below portion to WSHS

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Please complete this application, including parent or guardian's signature. Return this form with a check for \$50 made out to Titan Power and mail to 1776 Titan Dr. NW Salem Oregon 97304.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade next fall: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*I hereby authorize the staff of Titan Power Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liabilities for any injuries or illnesses incurred while at camp. I know of no mental or physical problems which might affect my child's ability to participate in this camp. I understand that insurance will not be provided for campers*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_